

OFFICIAL FILE  
ILLINOIS COMMERCE COMMISSION  
ILLINOIS COMMERCE COMMISSION  
FORMAL COMPLAINT  
JUL 23 1992  
Illinois Commerce Commission  
527 E. Capitol Avenue  
Springfield, Illinois 62701

For Commission Use Only:  
Case: 06-5689

ORIGINAL

Regarding a complaint by (Person making the complaint):

JEFFREY RADZIEWICZ

Against (Utility name):

~~CHICAGO~~ NICOR GAS.

As to (Reason for complaint)

BILLING ERRORS, MISCREDITED PAYMENTS,

ADD'L AMOUNTS ADDED TO BILL.

in PLAINFIELD Illinois.

TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS:

My mailing address is

25709 SKYLINE CT. SOUTH PLAINFIELD, IL 60585

The service address that I am complaining about is

SAME AS ABOVE

My home telephone is

(815) 439-9133

Between 8:30 A.M. and 5:00 P.M. weekdays, I can be reached at

(815) 955-8009

(Full name of utility company)

NICOR GAS.

(respondent) is a public utility and is subject

to the provisions of the Illinois Public Utilities Act.

In the space below, list the specific section of the law, Commission rule(s), or utility tariffs that you think is involved with your complaint.

83 ILL 280.50

83 ILL 280.130

83 ILL 280.160

83 ILL 280.170

Have you contacted the Consumer Services Division of the Illinois Commerce Commission about your complaint?

☒ Yes ☐ No

Has your complaint filed with that office been closed?

☒ Yes ☐ No

Please state your complaint briefly. Number each of the paragraphs. Please include time period and dollar amounts involved with your complaint. Use an extra sheet of paper if needed.

1. ON OR ABOUT 1-06-06 A PAYMENT WAS MADE ON MY ACCOUNT IN THE AMOUNT OF \$303.00 THAT I WAS TOLD TO WOULD BE APPLIED TO MY PAST DUE BALANCE. INSTEAD IT WAS TRANSFERRED TO A DEPOSIT WHICH I WAS NOT INFORMED OF.
2. AMOUNT OF \$1,439.05 ADDED TO BILL WHICH IS NOT MY RESPONS.
3. SERVICE DISC. WHEN IN COMPLAINT WITH FCC.

Please clearly state what you want the Commission to do in this case:

ADJUST BILLING TO REFLECT PROPER AMOUNTS OWED. AND OTHER RELIEF AS THIS COMMISSION DEEMS JUST AND EQUITABLE.

Date: 10-12-06  
(Month, day, year)

Complainant's Signature

If an attorney will represent you, please give the attorney's name, address, and telephone number.

You need to file the original with the Commission. Also, provide one copy for each utility complained about (referred to as respondents).

#### VERIFICATION

A notary public must witness the completion of this part of the form.

I, JEROME PADZIEWICZ, first being duly sworn, say that I have read the above petition and know what it says.  
The contents of this petition are true to the best of my knowledge.

(Signature)

Subscribed and sworn/affirmed to before me on (month, day, year) October 19, 2006.

Kathy Esposito  
Notary Public, Illinois

**'OFFICIAL SEAL'**  
KATHY ESPOSITO  
NOTARY PUBLIC, STATE OF ILLINOIS  
MY COMMISSION EXPIRES 10-09-07

**NOTE:** Failure to answer all of the questions on this form may result in this form being returned without processing. If you have questions, please call the counselor in the Consumer Services Division that handled your informal complaint.